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ABSTRACT

Principles and characteristics of program quality review are described as one means of evaluating values-based outcomes of day programs for persons with mental retardation. Program quality review may be distinguished from other evaluation systems in its focus on program outcomes--what actually happens to the people in the program--rather than on inputs, processes, or outputs. Issues of community presence and participation, good relationships, choice, respect and dignity, competence, and wages and benefits are evaluated as desirable outcomes of day programs. The review process involves a one-day site visit by a four-member team which observes programs in action and conducts both formal and informal interviews. Outcome measures are designed to produce both qualitative and quantitative information, and positive as well as negative feedback is stressed. Results of a pilot implementation of the program quality review system at seven target agencies in Connecticut showed that the system is a useful supplement to other program evaluation systems, including national accreditation. Results of a preliminary survey of 56 clients in both public and private day programs in Connecticut concerning their satisfaction with various program components supported the findings of program quality reviews to date. (JW)

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Program Quality Review: Connecticut's New Values-Based Way of Evaluating Day Programs

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Abstract

Program quality review was recently developed in the State of Connecticut as a means of evaluating values-based outcomes of day programs for people with mental retardation. The outcomes of concern include community presence and participation; good relationships with family, friends, and co-workers; opportunities for choice-making; respect and dignity; development of personal competence; and wages and benefits. The principles behind program quality review (e.g., that the process should encourage a stretch toward excellence through identification of areas for commendation, technical assistance, or resource development) are discussed and the review process is described. Highlights of this description are the composition and function of the team of reviewers, the observational and unintrusive nature of site visits, and the timely and helpful feedback to the people who run the programs. Results of the pilot project and subsequent implementation also are presented in terms of team findings and results of consumer satisfaction surveys. Generally, privately operated programs were superior to state-operated ones. Additionally, programs with no facility base resulted in more favorable team and consumer impressions than those tied to a sheltered facility.

Program Quality Review: Connecticut's New Values-Based Way of Evaluating Day Programs

In 1986, program quality review was developed in Connecticut as one means of assuring the quality of day programs for people with mental retardation. The actual process of developing program quality review took almost one year, beginning with a comprehensive review of the current literature pertaining both to state-of-the-art program evaluation techniques and to state-of-the-art day programs for people with disabilities. Individuals from out of state with expertise in these areas served as consultants to the project as did all in-state public and private program providers who expressed a desire to do so.

The entire project was administered by this author with the help of an administrative assistant, two project staff, one community volunteer, and one student intern. All project staff worked on a part-time basis. The total start-up cost to the State of Connecticut was approximately $64,000.

Program quality review differs from other program evaluation systems in that it focuses on program outcomes instead of inputs, processes, or outputs (Bradley, 1984). Examples of inputs are staffing ratios, amount of floor space, and the funds with which the program operates. Examples of processes are whether inter- or trans-disciplinary teams exist, how often such teams meet and who attends those meetings, and which policies and procedures govern the day-to-day operations of the program. Examples of outputs are the number of people promoted within or

graduating from the program.

Outcomes, however, reflect what actually happens to the people in the program. Outcomes measured by program quality review are based on the following six values-based assumptions: (1) Good programs are located in regular community settings near a variety of community resources and provide maximum opportunities for people to use those resources appropriately. (2) Good programs provide opportunities for people to come into contact and to develop relationships with people who do not have disabilities. Good programs also support people's natural relationships with families, friends, neighbors, and co-workers. (3) Good programs provide support for people to learn about and to understand their options, to choose what is in their best interest, and to let their choices be known. Good programs also provide encouragement for people to have maximum control over their futures and daily lives. (4) Good programs respect individual rights, portray positive images about the people in the program, and and treat all people with dignity. (5) Good programs help people to develop skills and attributes that are functional and valued by people who are not disabled. Good programs build on individuals' strengths, skills and interests in planful ways. (6) Good programs enable people of working age to earn decent wages and receive good benefits in their jobs (Rammler, 1986; State of Connecticut Department of Mental Retardation, 1985).

Thus, program quality review evaluates issues of community

presence and participation, good relationships, choice, respect and dignity, competence, and wages and benefits as desirable outcomes of day programs. Since outcomes are more often qualitative than quantitative (that is, they are not always reducable to "counts and amounts"), mechanisms to assure objectivity and consistency in applying the measures had to be built into the program quality review system. One of those mechanisms is the use of operational definitions to describe and define what each measure is intended to capture. As an example, one measure of the extent to which the program provides formal encouragement to make personal choices asks, "Do people in the program actually get to make decisions about their futures for themselves?" The operational definition for this measure is as follows:

> People in the program who have reached retirement age chose whether they wanted to continue working full- or part-time or to retire. People who work chose the type of job they wanted to have. People are not taken out of programs because of arbitrary rules about things like the person's age. Staff help people find another program if they really want one. (Rammler, 1986, p. 24).

By providing specific instances of the circumstances under which people in the program actually might make their own decisions, this operational definition enables all team members' to respond to the measure in the same way.

Another mechanism for assuring consistency and objectivity

involves the program quality review process itself. Each review is conducted by a team with four members: a person representing a publicly operated program, a person representing a privately operated program, a person with mental retardation who participates in a day program, and a person representing the community at large. This last person may be a parent, legislator, or other interested party. All team decisions are derived through consensus and all team members have an equal say in the teams' deliberations. Given that team members participate in two days of formal training, this guarantees that interpretations of the operational definitions are not idiosynchratic and that reliability is increased further. Although not enough reviews have been performed to date to conduct tests of statistical reliability, this will be done in the near future.

Because the focus of program quality review is on outcomes, the actual review process does not involve a review of records or other agency documentation. Instead, team members spend one day visiting all programs operated by a target agency. Teams split up as needed to see all sites and to make sure that there never are too many visitors in any one place at a time. During the visit, team members observe programs in action, speak informally to anyone willing to speak with them, and conduct some formal interviews. Efforts are made to obtain a random sample of opinions from staff, people in the program, people who are paid to run the program, board members, relatives of people

in the program, and neighbors of the program. The people who run the program are responsible for obtaining permission from prospective respondents.

One of the features of program quality review which makes it attractive to people who run programs is that they have this level of control over whom the team may interview. This is in line with one of the most important principles of program quality review: the process must provide a model of respect and dignity toward providers and the others, including consumers, who participate. By enabling providers to make such decisions and to have other important roles to play, we convey the message that we trust them to do what is in the best interests of the people they serve. Also, as one of the out-of-state consultants to the project pointed out, really bad programs can't possibly hide all their faults and keep everyone from talking for a whole day (W. Allen, personal communication, January 22, 1985)!

Other principles are that program quality review (1) must help not hurt, (2) results must be useful, (3) applies to all programs equally, (4) allows differences between programs, (5) encourages excellence, (6) requires growth and change, and (7) identifies resource and training needs. These principles are enacted by the program quality review system in a number of ways.

Regarding "helping not hurting," providers are asked to complete only one short introductory form and, at their discretion, to provide copies of their agency's brochure or

other material prior to a review in order to orient team members to the programs they will see. This contrasts with several other evaluation systems which require considerable preparation that may include xeroxing reams of documentation or an in-depth self-study process. Additionally, many evaluation systems are compliance-oriented. Thus, feedback to the people who run the program (when such feedback is provided in the first place!) tends to be negative by focusing on deficiencies. One of the rules of program quality review is that one positive finding must be made for each negative one. Therefore, the teams spend a considerable amount of time prioritizing and, in some cases, compiling or eliminating findings so that feedback to the people who run the program is not so hurtful that it immobilizes them in their ability to move their program forward.

I implied before that feedback from some other evaluation systems is not made available to the provider. In developing program quality review, we heard this from a number of sources and determined that, first and foremost, results of our system must be useful to the people who run the program. Additionally, results had to be useful to the funding agency and others interested in the quality of day programs for people with mental retardation. In order to achieve this, the outcome measures themselves are designed to produce both qualitative and quantitative information. Specifically, teams generate for each measure as many positive and negative examples as possible. For instance, in response to the measure, "Does transportation used

by the people in the program help them to be viewed more positively by others?" (Rammler, 1986, p. 39), the team may find that vehicles used by the program are clean and well-maintained (a positive example) but have signs saying "Retardation Program" which labels the people who ride in them (a negative example). The people who run the program hear these types of examples -- i.e., qualitative information -- as feedback. For administrative purposes, such qualitative information can be aggregated across programs, across regions of the state, or on a statewide basis. This information also can be quantified by assigning two points for any measure for which only positive examples are generated, one point for any measure with both positive and negative examples, and no points for any measure with only negative examples. Data from this quantification process will be presented later; the point to be made here, however, is that the results are useful to a variety of people for a variety of purposes.

The principle that program quality review applies to all programs equally responds to the concern raised by a number of private providers with whom we spoke that publicly operated programs are not held to the same degree of scrutiny and accountability as are those which are privately operated. For example, some states require licensure only of private providers; in other states, such as Connecticut, accreditation was required only of private providers. The State of Connecticut has moved to change this and similar inequities; one of its

first steps toward this end was to require program quality review of state-operated programs whereas all private agencies participate thus far on a voluntary basis.

The remaining principles behind program quality review were intended to respond to criticisms of other licensing, accreditation, and monitoring systems which people who had participated in such evaluations had made. These criticisms were: (1) evaluation standards imply, if not require, homogeneity across programs and allow little room for creativity in program practices; (2) evaluation criteria typically reflect the "lowest common denominator" -- i.e., the minimum requirement -- so that there is little incentive for funding agencies and program administrators to strive toward excellence; (3) once minimum requirements are met and the agency is licensed, accredited, or otherwise "passed," no growth or change need occur; and (4) deficiency citations presume that the provider has the resources and the knowledge to correct the deficiencies and are not typically used in a constructive manner to direct future resource development and allocation or to improve providers' skills.

So far, we have discussed the outcomes which program quality review measures, the measures themselves, characteristics of the team such as its composition, and the principles behind the program quality review system. I've also mentioned that the team spends one day visiting the program and provides feedback to the people who run it. To put

these activities in context, the overall steps of how program quality review works are as follows:

(1) Teams receive the two days of training which includes a review of the measures, the process, do's and don't's, interviewing techniques, and group dynamics.

(2) Providers receive one day of training which includes a review of the measures and the process and how to prepare for the review.

(3) Reviews are set up at the convenience of each agency. For each review, a different team is constructed from four lists of trained individuals.

(3) Prior to the actual site visit, the team meets to select a leader who is responsible for serving as the team's liaison to the agency and to a facilitator. For example, Connecticut law requires that abuse against persons with mental retardation be reported to the state's Office of Protection and Advocacy. If any team member observes an incident involving abuse, he or she must let the team leader know. The team leader then contacts the facilitator who will cause the required report to be made.

(4) The site visit occurs.

(5) Team members meet to conciliate their findings with the help of the facilitator. This usually occurs in the morning on the day after the site visit. For smaller

programs, it may occur the same day. The conciliation session is led by the facilitator who reads each measure in A Guide to Program Quality Review of Day Programs (Rammler, 1986) and records team members' responses on oversized wall paper with magic markers. Positive examples are color-coded green; negative ones are color-coded red. The facilitator also asks probe questions when needed to stimulate discussion and assists in resolving differences of opinion among team members.

(6) Team members give verbal feedback to the people who run the program. This occurs at a formal meeting which is held no later than the afternoon of the day after the site visit. Thus, providers receive immediate feedback about the program. Also in attendance at this meeting are the facilitator, a representative of the state Department of Mental Retardation, and any other people invited by those who run the program. Another important feature of program quality review is that this feedback process incorporates comments from the provider. For example, because the team spends only one day visiting the program, a member may see or hear something that is misinterpreted or totally atypical. If this turns up as one of the examples the team gives, the people who run the program may clarify the situation. This clarification is recorded by the

facilitator and entered into the written review report.

(8) The written report, which includes the provider's responses to the team's feedback, is completed and sent to the program and state within two weeks.

(9) This report is used as the basis for a quality improvement plan which is negotiated between the people who run the program and the funding agency. Technical assistance is provided in terms of identifying areas for training and resource development, assuring that the plan is realistic, state-of-the-art, and fair to all concerned.

(10) Finally, results are aggregated and made available on a state-wide basis. However, confidentiality of specific programs is upheld.

Program quality review teams look at day programs every two years. In August, 1986, the program quality review system was implemented on a pilot basis at seven target agencies in Connecticut. Results showed that program quality review is a useful supplement to other program evaluation systems, including national accreditation. In fact, more "pockets of excellence" were noted by teams for programs which had been nationally accredited.

Another major finding was that new supported employment programs, while offering participants far more opportunities to experience respect and dignity and to develop and maintain good

relationships than their sheltered counterparts, neither used community resources as much as other programs nor provided as much opportunity for participants to excercise personal choice. While this certainly demonstrated the challenges facing those involved in establishing supported employment opportunities in order to assure that all programs continue to strive for excellence and that critical outcomes of day programs are not compromised, a third major finding was that community-based programs were considerably more successful on the whole than institutional-based programs.

Following the pilot, the State of Connecticut Department of Mental Retardation contracted with the Corporation for Supported Employment to implement program quality review on a state-wide basis. Ms. Robin Wood, who was hired as the Program Quality Review Coordinator, will discuss data from the first set of programs reviewed following this portion of the presentation. Briefly, results confirmed those found during the pilot (Corporation for Supported Employment, 1987).

In addition to this analysis of team findings by the Corporation for Supported Employment, data from the interviews team members held with people in the programs were examined separately by this author. The primary purpose of this activity was to refine the interview survey and this will not be possible until at least 44 additional respondents complete the entire survey (Gable, 1986). However, the results to date are interesting in their own right.

Method

Subjects

As part of actual program quality reviews conducted over a five month period in 1987, a sample of convenience of 56 people with mental retardation was selected and interviewed. No effort was made to collect demographic information about any of the respondents for two major reasons. First, we felt we would be in danger of violating subjects' confidentiality if the program quality review team members who conducted the interviews were privy to such information. Second, we believed that people might not respond truthfully for fear of reprisal if we asked them identifying information during the course of the interview.

In order to be selected, the following criteria had to be met: (1) informed consent had been given in advance by the respondent or his or her legal guardian to participate in the interview, (2) the respondent had sufficient verbal skills to respond to the survey questions and probes, and (3) the respondent had agreed again on the day of the interview to talk privately to the team member. In some cases, agencies identified particular respondents for the interviews; in others, team members approached people with whom they came into contact during the course of the site visit.

Eight respondents were in public sector programs operated by one of the two large training schools. Fifteen were in public sector programs operated by one of the six regional offices of the state agency. Twenty-three were in day programs operated by

private agencies which had a sheltered workshop component and which received traditional funding from the state (i.e., from the "605 Account"). The remaining 13 were in other day programs operated by private agencies which had no facility-based programs and which received funds from a new "client-driven" account in the state budget (i.e., the "OCE Account.")

Survey Instrument and Interview Procedure

The 12-item "Satisfaction Survey for People in the Program" was used to determine how satisfied respondents were with various components of their day program. These components were community presence and participation, relationships with co-workers and friends, degree of personal and program decision-making, respect and dignity, confidence in staff, value of experience in the program, and fairness of pay. Each item was rated on a two-point scale where a "Yes" response equaled two points, "Sometimes" equaled one point, and a "No" response equaled zero points. A "Don't know/No answer" category also was used; however, these responses were considered to be missing values for the purposes of the analysis.

Each respondent met with one member of the four person program quality review team to respond to the survey. If the respondent gave a different response to any of the survey items -- i.e., he or she said something other than "Yes," "Sometimes," "No," or "Don't know/No answer" -- the interviewer re-stated the requested responses as needed.

Results and Discussion

Since the instrument was still being developed, only individual item and overall total satisfaction scores were available. Individual items were rank ordered from one (most satisfied) to ten (least satisfied) based on the mean responses.

Insert Table 1 about here

Almost all respondents said they always got along well with others in the program and felt staff did their jobs well (mean = 1.96). People also generally were happy (mean = 1.92), felt they received explanations in words that they understood (mean = 1.89), and felt that the rules were fair (mean = 1.85).

Interestingly, people also generally felt they were paid fairly for their work (mean = 1.92), even though, according to program review information, most did not even recieve minimum wage. This may be attributed to two things. First, given the relative recency of employment for people with mental retardation, it is likely that at least some of the interviewees had not been earning wages for their entire adult life. Thus, they may have been grateful to be earning any money at all. Second, anecdotal evidence suggests that most of the interviewees were unaware of both the range of salary levels across occupations and their own earning potential. Here, the effect may have been due to naivete rather than true satisfaction.

Respondents were much less satisfied with the degree to which they were allowed to make their own decisions (mean = 1.32) and the extent to which they felt they could effect change in their program (mean = 1.19). Both of these items were intended to measure choice-making. Lastly, more than half of the respondents (mean = 0.92) indicated that they did not feel they got out enough during breaks at work to do things like shop or eat in restaurants. This item was intended to measure community presence and participation. As noted earlier, insufficient data have been collected to date to consider the assessment instrument finalized. To the extent that these last three items do measure what they were intended to measure, however, these findings corroborate those of both the pilot and subsequent program quality reviews.

In addition to ranking and rating survey items, a one-way analysis of variance (ANOVA) was used to determine overall satisfaction by program category (i.e., training school, regional office, private 605, and private OCE). Significant differences were found between program categories ($p < .05$).

Insert Table 2 about here

Because the group sizes were different, the Scheffe multiple comparison procedure was used with the result that private OCE funded programs were significantly different from those operated

by the training schools ($p < .10$). Given the program quality review findings, it was expected that private OCE funded programs would not be different from private 605 programs but that both of these would be "better," thereby resulting in greater consumer satisfaction, than publicly operated programs. Results show a non-significant trend in this direction.

Concluding Remarks

In conclusion, the satisfaction of people receiving day programs appears so far to substantiate the qualitative and quantitative results of the program quality reviews which have been conducted to date. Although much work remains to be done in refining the consumer and other survey instruments, additional feedback on the program quality review process itself from providers, people who have served as team members, and others indicate that it is a promising approach to assuring the quality of day programs. Certainly, program quality review is a unique system of program evaluation which appears to have remediated some of the problems existing in more traditional evaluation methods and which undoubtedly will have a major impact in Connecticut in enhancing the outcomes of services provided to people with mental retardation.

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Table 1

Ranks and Mean Ratings of Individual Survey Items

Rank	Mean	Individual Survey Items
1	1.96	Getting along well with others
		Staff do jobs well
2	1.92	Being happy
		Being paid fairly
3	1.89	Getting explanations in understandable words
4	1.85	Rules are fair
5	1.77	Learning new and useful things
6	1.73	Spending enough time with friends when not working
7	1.63	Being sad
8	1.32	Making own decisions
9	1.19	Getting things changed
10	0.92	Going out enough during breaks

Table 2

Analysis of Variance of Overall Satisfaction Scores by Program Category

Summary Table

Source	SS	df	MS	F
Program category	0.63	3	0.21	3.24 *
Within	3.54	55	0.06	
Total	4.17	58		

* $p < .05$

Overall Satisfaction Score Means

Program Category	n	Mean	Multiple Comparisons ($p < .10$)
I. Training School	8	1.49	a
II. Regional Office	15	1.55	ab
III. Private 605	23	1.69	ab
IV. Private OCE	13	1.78	b